PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000.

Application or Docket Number

09/743414

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE			BASIC FEE	716.60
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• _			XS 9=		OR	X\$18=	
INC	EPENDENT CI	LAIMS	A minus 3 =		• _					1		
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT -		<u></u>			X40=		OR	X80=	
- "	the difference	in column 4 is	lace then a		- "O" in a			+135=		OR	+270=	
- 11	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL	L	OR	TOTAL	560
CLAIMS AS AMENDED - PART II								SMALL	ENTITU	00	OTHER	
		(Column 1) CLAIMS	- 1	(Colui	EST	(Column 3)	lr	SWALL	ADDI-	OR I I	SMALL	ADDI-
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT	Total	.43	Minus	.2	0	-23		X\$ 9≃		OR	X\$18=	414
AME	Independent	NTATION OF MI	Minus	9	T CL AINA			X40=		OR	X80=	
	FINST PRESE	INTATION OF IVI	JETIFLE DEF	-ENDER!	CLAIM			+135=		OR	+270=	
_	-1,1/-	•					L	TOTAL DDIT FEE		OR	TOTAL ADDIT FEE	
\mathcal{L}	1110	(Column 1)		(Colur	mn 2)	(Column 3)	_ ^			٠.	100/1 / CC	-
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.34	Minus	4/	3	=		X\$ 9=		OR	X\$18=	
	Independent	. / /	Minus	ر	3			X40=		OR	X80=	
	FIRST PRESE	NTATION OF ML	JUNPLE DEP	ENDENT	CLAIM			+135=		OR	+270=	
							L	TOTAL		l	TIDTAL	
(Column 1) (Column 2) (Column 3)								DDIT FEE		OR ,	ADDIT FEE	
	. 2. 1. · ·	(Column 1) CLAIMS		(Colur H:GH		(Column 3)	· -			F		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	XS18=	
	Independent	•	Mirus	•••		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			UH		
* If the entry in column it is less than the entry in column 2, write 10 in column 3										OR	•270 -	
TOTAL Total Highest Number Previously Paid For the THIS SPACE is less than 20 lenter 12:1 ADDIT FEE **********************************										OR .	JAFOT BBF 1 CC	
		per Presiduals Pal					e e liseri	d in the app	rophide box	n 194	imm t	